U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

			PERSONAL TARREST	Service Control (Control				490	
Adam Hackett						COURT CASE NUMBER			
						06-426-K	AT		
Correctional Medical Service's NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OF						TYPE OF PROCESS			
						CIVIL			
SERVE	NAME OF INDIVII				OR DESCRIF	PTION OF PROPERTY TO) SEIZE OR C	ONDEMN	
>)	Attorney	the state of the s	110+5	the state of the s	elawa	are			
_)	ADDRESS (Street	or RFD, Apartmen	t No., City, Stat	e and ZIP Code)					
AT	820 N	Franch	St. W	1 minato	1. De	1 9801			
SEND NOTICE	OF SERVICE COPY TO		T NAME AND		1 Number	of process to be	16.2		
						I served with this Form - 285		7	
ec. 1921 establishes the roes TT sout Adam model.									
SBT# 329697					Number	Number of parties to be			
SBI# 329699 NEL Produck Rd. Discourse to really the						served in this case			
1181 Produck Rd.						Check for service on U.S.A.			
Smyrna, Pet 19977									
SPECIAL INSTR	RUCTIONS OR OTHER	INFORMATION '	THAT WILL AS	SIST IN EXPEDITIN	NG SERVICE	(Include Business and	Alternate Addr	esses, All	
Telephone Number	ers, and Estimated Time	s Available For Se	rvice):	Dentil Avenue		mild 271 Prod	15010	Fold	
A.	Horney Go	noral nto	State o	f Delaw	are		tor) A	100	
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·	O' W WING								
Tal	square that failess	ise the than	n a single ca	35 is submitted o		ts linw.ogo.nadkow	m H		
Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF						TELEPHONE NUMBER		DATE	
adam	n Thrash	stical to the po		☐ DEFENDA	A /	1A	1-08	-07	
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SPACE BI	ELUW FUR US	SE OF U.S.	WAKSHA	L ONLY — D	U NUI	WRITE BELO	WIHIS	LINE	
I acknowledge rec	DESCRIPTION OF THE PROPERTY OF	Process District	District	Signature of Auth	norized USMS	S Deputy or Clerk	Da	ate	
number of process indicated. (Sign only first USM 285 if more)			to Serve	A Marshal, NOTE: Copy & should be			finU	1-25	
than one USM 28		No	No		Panoma 6	at he many of the	dilw	100	
I hereby certify ar	nd return that ISI have pe	rsonally served,	have legal evider	nce of service, have	executed as	shown in "Remarks", the	process describ	ed	
on the individual,	company, corporation, e	c., at the address sl	hown above or or	the individual, compa	any, corporation	on, etc., shown at the add	ress inserted be	elow.	
1 hereby certi	ify and return that I am	unable to locate t	he individual, co	ompany, corporation.	etc. named	above (See remarks belo) (VIII)		
	of individual served (%)						Cale of the last	1 0	
Name and time o	individual served in		1 S	Jul 5	1111	cretion then re	suitable age an esiding in the d		
Kent	P D VOX		31, 2	MAIS ZE	x 1 C1 /2	usual place o			
Address (complete	e only if different than sh	own above)				Date of Service	Time 15	- you	
						2/27/05	5	- pm	
						Signature of U.S.	Marshal or Do	aputy	
						Con Contraction	Sant		
Camilan Day	Total Milana, Charges	I Formarding For	Total Charges	Advance Deposits	I Amount ou	wed to U.S. Marshal of	13 Sel	Distund	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount ov	wed to 0.3. Waishar of	Amount of I	Sano	
							R	Contraction	
REMARKS:				1	1		1 0	, T	
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